

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 339
Registered No. 339

PLACE OF BIRTH

County Gila State _____
City or Township Maricopa No. 12 Davis Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Alicia Hernandez
(If child is not yet named, make supplemental report, as directed.)

Sex of Child female To be answered ONLY in event of plural births. x 4. Twin, triplet or other. x 6. Legitimate? yes 7. Date of birth 7. 21. 39
Month _____ Day _____ Year _____

FATHER		MOTHER	
1. Full name <u>Trinidad Hernandez</u>	14. Full maiden name <u>Josefa Gomez</u>		
2. Residence (Usual place of abode) <u>Maricopa</u>	15. Residence (Usual place of abode) <u>Maricopa</u>		
3. If non-resident, give place and state. <u>Any</u>	16. If non-resident, give place and state. <u>A</u>		
10. Color or race <u>very</u>	16. Color or race <u>very</u>	17. Age at last birthday <u>2</u>	
11. Age at last birthday <u>26</u> (Years)	18. Birthplace (city or place) <u>Clifton</u>		
12. Birthplace (city or place) <u>Mexico</u>	18. (State or country) <u>Arizona</u>		
13. Occupation <u>miner</u>	19. Occupation <u>housewife</u>		
13. Nature of industry <u>Copper running</u>	19. Nature of industry <u>housewife</u>		
20. Number of children of this mother <u>5</u>	(a) Born alive and now living <u>5</u>	21. Were precautions taken against thalassa neonatorum? <u>yes</u>	
20. taken as of time of birth of child herein (including this child.)	(b) Born alive but now dead <u>8</u>		
	(c) Stillborn _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P. m. on the 21 day of July, 1939
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature L. A. Lane
Physician (P)

Given name added from a supplemental report.

Month, day, year

Address M. I. Hospital
Filed July 30 1939